

U.S. Department of Justice
Executive Office for Immigration Review
Board of Immigration Appeals

Notice of Appeal from a Decision of an
Immigration Judge

Staple Check or Money Order Here. Include Name(s) and "A" number(s) on the face of the check or money order.

1. List Name(s) and "A" Number(s) of all Respondent(s)/Applicant(s):

Carlos Sanchez -- A29-701-647

EXHIBIT

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! WARNING: Names and "A" Numbers of everyone appealing the Immigration Judge's decision must be written in item #1.

2. I am the ☒ Respondent/Applicant ☐ INS (Mark only one box.)
3. I am ☒ DETAINED ☐ NOT DETAINED (Mark only one box.) Under a state prison sentence within the Commonwealth of Massachusetts.
4. My last hearing was at 1 Administration Rd., Bridgewater, MA in 1991. (Location, City, State)

5. What decision are you appealing?

Mark only one box below. If you want to appeal more than one decision, you must use more than one Notice of Appeal (Form EOIR-26).

- ☐ I am filing an appeal from the Immigration Judge's decision *in merits proceedings* (example: removal, deportation, exclusion, asylum, etc.) dated _____.
- ☐ I am filing an appeal from the Immigration Judge's decision *in bond proceedings* dated _____.
- ☒ I am filing an appeal from the Immigration Judge's decision *denying a motion to reopen or a motion to reconsider* dated June 27, 2003, received by the Dept. of Justice August 25, 2003.

(Please attach a copy of the Immigration Judge's decision you are appealing.)

10.

Mailing Address of Respondent(s)/Applicant(s)	
Carlos M. Sanchez	(Name)
One Administration Road	(Street Address)
None - not applicable	(Apartment or Room Number)
Bridgewater, Massachusetts	(City, State, Zip Code) 02324
None - not applicable	(Telephone Number)

11.

Mailing Address of Attorney or Representative for the Respondent(s)/Applicant(s)	
None - not applicable	(Name)
	(Street Address)
	(Suite or Room Number)
	(City, State, Zip Code)
	(Telephone Number)

NOTE: You must notify the Board within five (5) working days if you move to a new address. You must use an alien's Change of Address Form (Form EOIR-33/BLA).

NOTE: If an attorney or representative signs this appeal for you, he or she must file *with this appeal*, a Notice of Entry of Appearance as Attorney or Representative Before the Board of Immigration Appeals (Form EOIR-27).

12.

**PROOF OF SERVICE
(You Must Complete This)**

I Carlos M. Sanchez mailed or delivered a copy of this Notice of Appeal
(Name)
on September 24, 2003 to the District Counsel for the INS
(Date) (Opposing Party)
at Board of Immigration Appeals, Office of the Clerk, 5201 Leesburg Pike, Suite 1300,
Falls Church, VA 22041. (Address of Opposing Party)



X Carlos M. Sanchez
Signature

NOTE: If you are the Respondent or Applicant, the "Opposing Party" is the District Counsel for the INS.

WARNING: If you do not complete this section properly, your appeal will be rejected or dismissed.

WARNING: If you do not attach the fee or a completed Fee Waiver Request (Form EOIR-26A) to this appeal, your appeal will be rejected or dismissed.

- ☐ Read all of the General Instructions
- ☐ Provided all of the requested information
- ☐ Completed this form in English
- ☐ Provided a certified English translation for all non-English attachments

**HAVE
YOU?**

- ☐ Signed the form
- ☐ Served a copy of this form and all attachments on the opposing party
- ☐ Completed and signed the Proof of Service
- ☐ Attached the required fee or Fee Waiver Request

U.S. Department of Justice
Executive Office for Immigration Review
Board of Immigration Appeals

OMB# 1125-0003
Fee Waiver Request

FEE WAIVER REQUEST

Carlos M. Sanchez
Name

A29-701-647

Alien Number ("A" Number)

I, Carlos M. Sanchez, declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that I am the person above and that I am unable to pay the fee. I believe that my appeal/motion is valid, and I declare that the following information is true and correct to the best of my knowledge.

Assets

Wages, Salary \$ 20.00 /month
prison wages

Other Income 0 /month
(business, profession,
self-employment, rent
payments, interest, etc.)

Cash 0

Checking or Savings Account 0

Property 0
(real estate, automobile,
stocks, bonds, etc.)

Other Financial Support 0 /month
(public assistance, alimony,
child support, parent, spouse,
friends, other family members, etc.)

Expenses (including dependents)

Housing \$ 0 /month
(rent, mortgage, etc.)

Food 0 /month

Clothing 0 /month

Utilities 0 /month
(phone, electric, gas,
water, etc.)

Transportation 0 /month

Debts, Liabilities 0 /month

Other 0 /month
(specify)

Carlos M. Sanchez
Signature

9/23/03

Date

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time to complete this form is one (1) hour. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Executive Office for Immigration Review, Office of the General Counsel, 5107 Leesburg Pike, Suite 2600, Falls Church, Virginia 22041.

Form EOIR-26A
September 2002